

**Title 22, California Code of Regulations, Section 51000.40, Medi-Cal Supplemental Application Requirements**

A provider, including a provider group, shall complete the "Medi-Cal Supplemental Application," DHS 6209, (Rev. 12/00), incorporated by reference herein, to inform the Department within 35 days of any change in information previously submitted to the Department as required pursuant to [Section 51000.30\(b\)](#), to add or change the following information, or to request the following actions:

- (a) Change of business address, except for providers of incontinence medical supplies and for a pharmacy.
- (b) Business telephone number.
- (c) Pharmacist-in-charge, if the provider is a pharmacy.
- (d) Medicare billing number.
- (e) Business activities, if the provider currently provides durable medical equipment and/or incontinence medical supplies and:
  - (1) The change requires the issuance of a new license, permit, or certificate; or
  - (2) The provider is adding or deleting incontinence medical supplies.
- (f) Tax identification number.
- (g) Name under which the provider or provider group is doing business (DBA).
- (h) CLIA number.
- (i) Deactivation of a provider number or a group provider number.
- (j) Re-issuance of a Provider Identification Number (PIN).
- (k) For providers of medical transportation services:
  - (1) Vehicle or aircraft information.
  - (2) Driver or pilot information, or the addition of information on a new driver or pilot.
  - (3) The days and/or hours of operation of the applicant's or provider's business.
  - (4) The geographic area(s) served.
- (l) Deletion of a rendering provider from a provider group.
- (m) A change of less than 50 percent in the ownership or control interest, as defined in [Section 51000.15](#), of the provider, or provider group.